S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27506

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3164

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

048
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1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1003 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2115 E. 10th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wm Floyd Johnson
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Johnson
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased May (Month) -23- (Day) 1906 (Year)

8. AGE: Years 35 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Miller Co. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Eugene Harris
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Anna Harris
15. Birthplace Marion Co. (City, town, or county) Texas (State or foreign country)
16. (a) Informant Anna Floyd
(b) Address Bradley Ark. R1 box 210
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director E Sterling Bills
(b) Address 1811 E. 12th St K.C. Mo
19. (a) 8/22/41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 8-15-41
year hour minute 7:00 P.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19, to , 19;
that I last saw alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemothorax
Due to Gunshot wounds of chest
Due to
Other conditions (Include pregnancy within 3 months of death) 166
Major findings:
Of operations
Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 8-15-41
(c) Where did injury occur? K.C. (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature Dworth Chipler (M. D. or other) 3
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1941

MAR 10 1942

MAR 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.